

APPLICATION FOR US ARMY MARINE CERTIFICATION

For use of this form see AR 56-9; the proponent agency is ODCSLOG

PRIVACY ACT STATEMENT**AUTHORITY:** Title 10, USC, Section 3013 and E.O.9397 (SSN)**PURPOSE:** Provide information necessary for issuance of Marine Certification Examination and provide identification of examinees**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 522a(b) (3) as follows: The U.S. Coast Guard, Department of Transportation may be furnished information concerning certification and licensing of individuals.**DISCLOSURE:** Disclosure of information is mandatory per AR 56-9.**READ BEFORE SIGNING**

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by trick, scheme, or device, a material fact, or makes or uses any false writing on a document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisonment of not more than 5 years or both." (18 USC 1001)

1. TYPE OF CERTIFICATION (Check one)☐

ORIGINAL

☐

RENEWAL

☐

UPGRADE

☐

ENDORSEMENT

2. NAME (Last, First, MI)**3. GRADE****4. DOR****5. SOCIAL SECURITY NUMBER****6. PRIMARY MOS****7. UNIT OF ASSIGNMENT****8. APPLICANTS SIGNATURE****9. DATE (YYYYMMDD)****PHYSICAL STATEMENT**

In accordance with AR 56-9, Watercraft, Physical Standards:

1. Profile serial MUST be 2 or better for P, U, L, H, E, and be 1 for S.2. MUST pass color perception using the Pseudoisochromatic Plate (PIP) test and have visual acuity required by Chapter 5-2.**10. PROFILE**

P	U	L	H	E	S

11. DATE OF LAST PHYSICAL (YYYYMMDD)**12. MEDICAL CORPS/MEDICAL SERVICE CORPS SIGNATURE (Required)****13. GRADE****14. MOS/BRANCH****15. TITLE****16. VERIFICATION DATE (YYYYMMDD)****17. COLOR PERCEPTION****17a. TEST TYPE****17b. SCORE**

____ / ____

☐

PASS

☐

FAIL

18. VISUAL ACUITY**18a. UNCORRECTED**

R ____ / ____

L ____ / ____

18b. CORRECTED

R ____ / ____

L ____ / ____

19. OPTOMETRIST SIGNATURE (Required)**20. GRADE****21. MOS/BRANCH****22. TITLE****23. VERIFICATION DATE (YYYYMMDD)****APPLICATION IS VALID FOR ONE YEAR FROM ABOVE DATE****24. COMMANDER'S AUTHENTICATION**☐

APPROVED

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DISAPPROVED

25. COMMANDER'S SIGNATURE**26. DATE (YYYYMMDD)**